

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

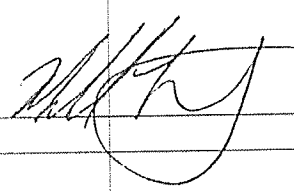
See "Instructions for Service of Process by U.S. Marshal"

|   |   |   |
|---|---|---|
| PLAINTIFF<br>ILYA FELIKSOVICH IOSILEVICH  |   | COURT CASE NUMBER<br>22-CV-4757 (VB)  |
| DEFENDANT<br>WALMART INC., ET AL.   |   | TYPE OF PROCESS<br>Summons & Complaint  |
| SERVE<br>AT   | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN<br>Kevin P. Bruen, Superintendent of New York State Police |   |
|   | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)<br>1220 Washington Ave, Building #22, Albany, New York 12203                                     |   |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW<br>Ilya Feliksovich Iosilevich<br>2401 Mermaid Avenue<br>Brooklyn, NY 11224-2209 |   | Number of process to be served with this Form 285<br>Number of parties to be served in this case<br>Check for service on U.S.A. |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

|  |   |                  |                  |
|--|---|------------------|------------------|
| Signature of Attorney other Originator requesting service on behalf of:<br><i>S. Harrold</i> | <input checked="" type="checkbox"/> PLAINTIFF<br><input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER | DATE<br>7/7/2022 |
|--|---|------------------|------------------|

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

|   |                        |                                 |                                |  |   |
|---|------------------------|---------------------------------|--------------------------------|--|---|
| I acknowledge receipt for the total number of process indicated.<br>(Sign only for USM 285 if more than one USM 285 is submitted)   | Total Process<br>_____ | District of Origin<br>No. _____ | District to Serve<br>No. _____ | Signature of Authorized USMS Deputy or Clerk   | Date  |
| I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. |                        |                                 |                                |  |   |
| <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)  |                        |                                 |                                |  |   |
| Name and title of individual served (if not shown above)<br><i>Jill Bertrand admin</i>  |                        |                                 |                                | Date<br><i>11/6/2022</i>   | Time<br><i>1530</i><br><input type="checkbox"/> am<br><input type="checkbox"/> pm |
| Address (complete only different than shown above)  |                        |                                 |                                | Signature of U.S. Marshal or Deputy<br> |   |

Costs shown on attached USMS Cost Sheet >>

REMARKS

S.D. OF N.Y.

2022 NOV -9 PM 5:00

U.S. DISTRICT COURT

UNITED STATE MARSHALS SERVICE  
SERVICE OF PROCESS  
COST OF SERVICE

CASE # 2022-CV-4757

TYPE OF PROCESS \_\_\_\_\_

ADDRESS/CITY 1220 Washington Ave

DEPUTY \_\_\_\_\_

ATTEMPT #1

DATE 11/04/2021 START TIME 1400 END TIME 1530

DUSM(S) 1 X \_\_\_\_\_ X \$65.00 = \_\_\_\_\_  
(number) (Hours)

ROUND TRIP MILEAGE 13 X \$ 58.5 = \_\_\_\_\_

ATTEMPT #2

DATE \_\_\_\_\_ START TIME \_\_\_\_\_ END TIME \_\_\_\_\_

DUSM(S) \_\_\_\_\_ X \_\_\_\_\_ X \$65.00 = \_\_\_\_\_  
(number) (Hours)

ROUND TRIP MILEAGE \_\_\_\_\_ X \$ 58.5 = \_\_\_\_\_

ATTEMPT #3

DATE \_\_\_\_\_ START TIME \_\_\_\_\_ END TIME \_\_\_\_\_

DUSM(S) \_\_\_\_\_ X \_\_\_\_\_ X \$65.00 = \_\_\_\_\_  
(number) (Hours)

ROUND TRIP MILEAGE \_\_\_\_\_ X \$ 58.5 = \_\_\_\_\_

Forward Fee (if Applicable) \_\_\_\_\_

Parking/Tolls \_\_\_\_\_

Other Expenses (Specify) \_\_\_\_\_

TOTAL COST \_\_\_\_\_